

Foster Family Home - Corrective Action Report

Provider ID: 1-100037

Home Name: Elma Saladino, CNA

Review ID: 1-100037-6

91-1011 Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/5/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection made for a 3 bed re-certification. Corrective action plan due to CTA within 30 days

Foster Family Home Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation for [REDACTED] administration or care of [REDACTED]

Alhamhelen PN
Compliance Manager

Wendy Cole
Primary Care Giver

12/05/19
Date

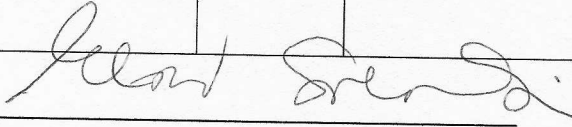
12/05/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Elma Saladino

CCFFH Address: 91-1011 Pailani Street Ewa Beach HI

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
6 d (1)	Lapse in delegation cannot be corrected Case management agency visit 12/16/19 for all caregivers to receive delegation in [REDACTED]	12/16/19	Each new medication will be reviewed for delegations Each new clients needs will be reviewed with case management agency for new delegations needed

Primary Caregiver's Signature: 

Print Name: Elma Saladino Date of Signature: 12/16/19